



*The Commonwealth of Massachusetts  
State Board of Retirement*

One Ashburton Place, Boston, MA 02108-1607

*Shannon P. O'Brien  
Treasurer and Receiver General  
Chairman*

ROOM 1219  
(617) 367-7770  
1-800-392-6014

## State Board of Retirement TRANSFER NOTICE

(To be filled out by payroll/personnel department at member's last state job)

This is to notify that Print Full Name ELISABETH O'BRIEN was  
employed by State Agency/Dept. Dept of Public Health. Agy 0294  
The member's start date was 3-11-90 and his/her  
membership date was 3-11-90.  
The member's social security number is REDACTED.

The last two **MONTHLY** retirement deductions were:

The member's last day on payroll was 10-26-00

If employee was less than full time list dates/ratio of time below:

8-15-00 to 10-27-00 82.5 HRS  
60%  
8-14-00 to 8-14-00 28.50 HRS OR 76%

List dates of all leaves of absence below: *all to 12-18-94*

2-29-96 to 4-24-96  
10-23-94 to 1-16-95

**IMPORTANT\*\*:** Is Workman's Compensation being paid/pending on this employee?  
(YES/NO) \_\_\_\_\_ If member was on Workman's Compensation, was there a lump sum  
settlement? (YES/NO) \_\_\_\_\_

**Authorized Signature**

Date 4-26-01

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**For Retirement Board purposes only**

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*Member is transferring to :*